

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:  
Southern District of Texas

Case number (if known): 22-33581-H3-11

Check if this is an amended filing

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206A-Summary)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12/02/2022  
MM/ DD/ YYYY

  
 /s/ Huan Le  
 Signature of individual signing on behalf of debtor

Huan Le  
 Printed name

Member/Manager  
 Position or relationship to debtor

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## Official Form 206A/B

### Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

#### Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor	Current value of debtor's interest
--	------------------------------------

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number
--	-----------------	---------------------------------

3.1 <u>JPMorgan Chase Bank</u>	<u>Checking account</u>	<u>1629</u>	<u>\$20,245.00</u>
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4. Other cash equivalents (*Identify all*)

None

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$20,245.00

#### Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes. Fill in the information below.

Current value of debtor's interest
------------------------------------

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1 <u>Excelsior Realty I, LLC</u>	<u>\$6,095.00</u>
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Description, including name of holder of prepayment

**None****9. Total of Part 2**

Add lines 7 through 8 (including amounts on any additional sheets). Copy the total to line 81.

\$6,095.00**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts Receivable**

11a. 90 days old or less:	<u>\$30,000.00</u>	-	<u>\$25,000.00</u>	= ..... →	<u>\$5,000.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>                  </u>	-	<u>                  </u>	= ..... →	<u>                  </u>
	face amount		doubtful or uncollectible accounts		

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,000.00**Part 4: Investments****13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

**None****15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of fund or stock: % of ownership:

**None****16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

Debtor Joycare Therapy, LLC  
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None

**17. Total of Part 4**

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00

**Part 5: Inventory, excluding agriculture assets**

**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.

Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

**19. Raw materials**

None

**20. Work in progress**

None

**21. Finished goods, including goods held for resale**

None

**22. Other inventory or supplies**

None

**23. Total of Part 5**

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$0.00

**24. Is any of the property listed in Part 5 perishable?**

No

Yes

**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No

Yes

**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No

Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.

Yes. Fill in the information below.

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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops — either planted or harvested			
None			
29. Farm animals Examples: Livestock, poultry, farm-raised fish			
None			
30. Farm machinery and equipment (Other than titled motor vehicles)			
None			
31. Farm and fishing supplies, chemicals, and feed			
None			
32. Other farming and fishing-related property not already listed in Part 6			
None			
33. Total of Part 6			<u>\$0.00</u>
Add lines 28 through 32. Copy the total to line 85.			
34. Is the debtor a member of an agricultural cooperative?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes		
35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
36. Is a depreciation schedule available for any of the property listed in Part 6?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
37. Has any of the property listed in Part 6 been appraised by a professional within the last year?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Part 7: Office furniture, fixtures, and equipment; and collectibles</b>			
38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?	<input type="checkbox"/> No. Go to Part 8. <input checked="" type="checkbox"/> Yes. Fill in the information below.		

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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>39. Office furniture</b>			
39.1 <u>Furniture</u>	<u>(Unknown)</u>		<u>\$2,000.00</u>
<b>40. Office fixtures</b>			
40.1 <u>Fire system and sprinkler system-not removable-leasehold improvement</u>	<u>\$89,000.00</u>		<u>\$1,000.00</u>
<b>41. Office equipment, including all computer equipment and communication systems equipment and software</b>			
41.1 <u>Security system- not removable-leasehold improvement</u>	<u>(Unknown)</u>		<u>\$1,000.00</u>
<b>Additional Page Total - See continuation page for additional entries</b> <u>\$3,000.00</u>			
<b>42. Collectibles Examples:</b> Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
None			
<b>43. Total of Part 7</b>			<u>\$7,000.00</u>
Add lines 39 through 42. Copy the total to line 86.			
<b>44. Is a depreciation schedule available for any of the property listed in Part 7?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>45. Has any of the property listed in Part 7 been appraised by a professional within the last year?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes			
<b>Part 8: Machinery, equipment, and vehicles</b>			
<b>46. Does the debtor own or lease any machinery, equipment, or vehicles?</b>			
<input type="checkbox"/> No. Go to Part 9.			
<input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			
<b>47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 <u>Van</u>	<u>(Unknown)</u>		<u>\$17,000.00</u>

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47.2 2014 GMC SAV / VIN: 1GD373BG9E1154398 Bus (Unknown) \$20,000.00

48. **Watercraft, trailers, motors, and related accessories** Examples:  
Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

**None**

49. **Aircraft and accessories**

**None**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

50.1 Generator \$21,880.00 \$10,000.00

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87. \$47,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

No  
 Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

No  
 Yes

#### Part 9: Real Property

54. **Does the debtor own or lease any real property?**

No. Go to Part 10.  
 Yes. Fill in the information below.

General description	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available				

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest**

Space lease-office and operations Lease (Unknown) (Unknown)  
6440 Sands Point Dr Houston, TX  
55.1 77074-3722

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88. \$0.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

No  
 Yes

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Case number (if known) 22-33581-H3-11**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- No  
 Yes

**Part 10: Intangibles and Intellectual Property****59. Does the debtor have any interests in intangibles or intellectual property?**

- No. Go to Part 11.  
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

**60. Patents, copyrights, trademarks, and trade secrets**

None

**61. Internet domain names and websites**61.1 JoycareKids.com domain name \_\_\_\_\_ \$2,000.00 \_\_\_\_\_ \$10.00 \_\_\_\_\_**62. Licenses, franchises, and royalties**62.1 State PPECC License \_\_\_\_\_ \$10.00 \_\_\_\_\_ \$10,000.00 \_\_\_\_\_**63. Customer lists, mailing lists, or other compilations**63.1 Customer list \_\_\_\_\_ \$100.00 \_\_\_\_\_ \$10.00 \_\_\_\_\_**64. Other intangibles, or intellectual property**64.1 Internal operational methods \_\_\_\_\_ \$100.00 \_\_\_\_\_ \$10.00 \_\_\_\_\_**65. Goodwill**

None

**66. Total of Part 10**

Add lines 60 through 65. Copy the total to line 89. \_\_\_\_\_ \$10,030.00 \_\_\_\_\_

**67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)**

- No  
 Yes

**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- No  
 Yes

**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- No  
 Yes

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Name

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Part 11: All other assets

**70. Does the debtor own any other assets that have not yet been reported on this form?**

- No. Go to Part 12.  
 Yes. Fill in the information below.

Current value of debtor's  
interest

**71. Notes receivable**

Description (include name of obligor)

None

**72. Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

None

**73. Interests in insurance policies or annuities**

None

**74. Causes of action against third parties (whether or not a lawsuit has been filed)**

None

**75. Other contingent and unliquidated claims or causes of action of every nature,  
including counterclaims of the debtor and rights to set off claims**

None

**76. Trusts, equitable or future interests in property**

None

**77. Other property of any kind not already listed** Examples: Season tickets,  
country club membership

None

**78. Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- No  
 Yes

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## Part 12: Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	<u>\$20,245.00</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$6,095.00</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$5,000.00</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$0.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. Copy line 43, Part 7.	<u>\$7,000.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$47,000.00</u>	
88. Real property. Copy line 56, Part 9.....		→ <u>\$0.00</u>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$10,030.00</u>	
90. All other assets. Copy line 78, Part 11.	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$95,370.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92 .....		<u>\$95,370.00</u>

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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>41. Office equipment - <i>Continued</i></b>			
41.2 <u>Printers, computers, supplies and play material</u>	<u>(Unknown)</u>		<u>\$3,000.00</u>

Fill in this information to identify the case:

Debtor name	Joycare Therapy, LLC		
United States Bankruptcy Court for the:	Southern	District of	Texas
Case number (if known):	22-33581-H3-11		

Check if this is an amended filing

## Official Form 206D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

## 1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.			
2.1 Creditor's name	Describe debtor's property that is subject to a lien		
Ally Financial	Van	\$28,000.00	\$17,000.00
Creditor's mailing address	Describe the lien		
Attn: Bankruptcy Po Box 380901 Minneapolis, MN 55438-0901			
Creditor's email address, if known	Is the creditor an insider or related party?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
Date debt was incurred	Is anyone else liable on this claim?		
Last 4 digits of account number	<input checked="" type="checkbox"/> No		
Do multiple creditors have an interest in the same property?	<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
<input type="checkbox"/> No			
<input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority.	As of the petition filing date, the claim is: Check all that apply.		
1) Ally Financial ; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$548,917.00

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Name

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Part 1:	Additional Page	<i>Column A Amount of claim Do not deduct the value of collateral.</i>	<i>Column B Value of collateral that supports this claim</i>
<b>2.2 Creditor's name</b>	<b>Describe debtor's property that is subject to a lien</b>	<b>\$22,357.00</b>	<b>\$20,000.00</b>
<u>Arvest Equipment Finance</u>	<u>2014 GMC SAV</u>		
<b>Creditor's mailing address</b>	<b>Describe the lien</b>		
<u>818 Garrison Ave 2nd Floor</u>	<u>Lien on vehicle</u>		
<u>Fort Smith, AR 72901</u>			
<b>Creditor's email address, if known</b>			
<b>Date debt was incurred</b>	<b>Is the creditor an insider or related party?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b>	<b>Is anyone else liable on this claim?</b>		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b>		
<input type="checkbox"/> No	Check all that apply.		
<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.			
1) Arvest Equipment Finance; 2) JPMorgan Chase Bank			
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

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Part 1:	Additional Page	<b>Column A Amount of claim</b> <small>Do not deduct the value of collateral.</small>	<b>Column B Value of collateral that supports this claim</b>
<b>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</b>			
<b>2.3 Creditor's name</b> <hr/> <u>Generators of Houston</u>	<b>Describe debtor's property that is subject to a lien</b> <hr/> <u>Generator</u>	<u>\$3,345.00</u>	<u>\$10,000.00</u>
<b>Creditor's mailing address</b> <hr/> <u>6106 Milwee St</u>	<b>Describe the lien</b> <hr/> <u>Purchase of generator</u>		
<hr/> <u>Houston, TX 77092-6218</u>	<b>Is the creditor an insider or related party?</b>		
<b>Creditor's email address, if known</b> <hr/>	<input checked="" type="checkbox"/> No		
<hr/>	<input type="checkbox"/> Yes		
<b>Date debt was incurred</b> <hr/>	<b>Is anyone else liable on this claim?</b>		
<b>Last 4 digits of account number</b> <hr/>	<input checked="" type="checkbox"/> No		
<b>Do multiple creditors have an interest in the same property?</b>	<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
<input type="checkbox"/> No	<b>As of the petition filing date, the claim is:</b>		
<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. 1) JPMorgan Chase Bank; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) Huan Le; 5) <b>Generators of Houston</b>	Check all that apply.		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines <hr/>	<input type="checkbox"/> Contingent		
	<input type="checkbox"/> Unliquidated		
	<input checked="" type="checkbox"/> Disputed		
<b>Remarks:</b> Unknown if lien exists			

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Part 1:	Additional Page	<b>Column A</b> <b>Amount of claim</b> Do not deduct the value of collateral.	<b>Column B</b> <b>Value of collateral</b> that supports this claim
<b>2.4 Creditor's name</b>	<b>Describe debtor's property that is subject to a lien</b>		
Huan Le	<u>Receivables- value is unresolved due to possible disputes and rejections. Furniture, Printers, computers, supplies and play material, Generator, State PPECC License</u>		
<b>Creditor's mailing address</b>	\$30,000.00 \$30,000.00		
3750 Childress St			
Houston, TX 77005-1112			
<b>Creditor's email address, if known</b>	<b>Describe the lien</b>		
<b>Date debt was incurred</b>	<b>Is the creditor an insider or related party?</b>		
	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
<b>Last 4 digits of account number</b>	<b>Is anyone else liable on this claim?</b>		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b>		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <u>See continuation page.</u> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>2.5 Creditor's name</b>	<b>Describe debtor's property that is subject to a lien</b>		
JPMorgan Chase Bank	<u>Furniture, Printers, computers, supplies and play material, Fire system and sprinkler system-not removable-leasehold improvement, Receivables- value is unresolved due to possible disputes and rejections, Generator, Excelsior Realty I, LLC, JoycareKids.com domain name, State PPECC License, Internal operational methods, Customer list</u>		
<b>Creditor's mailing address</b>	\$50,138.00 \$37,125.00		
Collateral Mgmt Small Business			
Po Box 33035			
Louisville, KY 40232-3035			
<b>Creditor's email address, if known</b>	<b>Describe the lien</b>		
	<u>Lien on inventory, chattel paper, accounts, equipment and general intangibles</u>		
<b>Date debt was incurred</b>	<b>Is the creditor an insider or related party?</b>		
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Last 4 digits of account number</b>	<b>Is anyone else liable on this claim?</b>		
6 0 0 4	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
<b>Do multiple creditors have an interest in the same property?</b>	<b>As of the petition filing date, the claim is:</b>		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <u>See continuation page.</u> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

Debtor Joycare Therapy, LLC  
NameCase number (if known) 22-33581-H3-11

Part 1:	Additional Page	<b>Column A</b> <b>Amount of claim</b> Do not deduct the value of collateral.	<b>Column B</b> <b>Value of collateral</b> that supports this claim	
<b>2.6 Creditor's name</b>	<b>Describe debtor's property that is subject to a lien</b>			
<u>JPMorgan Chase Bank</u>	<u>State PPECC License, JoycareKids.com domain name, Internal Operational methods, Customer list, Generator, Receivables- value is unresolved due to possible disputes and rejections, Van, 2014 GMC SAV, Excelsior Realty I, LLC, Furniture, Fire system and sprinkler system-not removable-leasehold improvement, Security system- not removable-leasehold improvement, Printers, computers, supplies and play material</u>			
<b>Creditor's mailing address</b>	\$154,631.00 \$75,125.00			
<u>Collateral Mgmt Small Business</u>				
<u>Po Box 33035</u>				
<u>Louisville, KY 40232-3035</u>				
<b>Creditor's email address, if known</b>	<b>Describe the lien</b>			
_____	<u>Lien on inventory, chattel paper, accounts, equipment and general intangibles</u>			
<b>Date debt was incurred</b>	<b>Is the creditor an insider or related party?</b>			
_____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Last 4 digits of account number</b>	<u>6 0 0 5</u>			
<b>Do multiple creditors have an interest in the same property?</b>	<b>Is anyone else liable on this claim?</b>			
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).			
<input checked="" type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <b>See continuation page.</b> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			

**Debtor** Joycare Therapy, LLC

Case number (if known) 22-33581-H3-11

		<b>Column A</b> <b>Amount of claim</b> Do not deduct the value of collateral.	<b>Column B</b> <b>Value of collateral</b> that supports this claim
<b>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</b>			
<b>2.7 Creditor's name</b> <hr/> <u>Marlin Business Bank</u>	<b>Describe debtor's property that is subject to a lien</b> <hr/> <u>Security system- not removable-leasehold improvement</u>	<hr/> <u>\$21,358.00</u>	<hr/> <u>\$1,000.00</u>
<b>Creditor's mailing address</b> <hr/> <u>Po Box 1626</u>	<b>Describe the lien</b> <hr/> <u>Equipment financing - Protection One system- may be duplicate of US Bank Equipment Finance- No UCC filed</u>		
<b>Creditor's email address, if known</b> <hr/>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Date debt was incurred</b> <hr/>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
<b>Last 4 digits of account number</b> <hr/>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
<b>Do multiple creditors have an interest in the same property?</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.6</u>			
<b>2.8 Creditor's name</b> <hr/> <u>SBA Disaster Loan Service Center</u>	<b>Describe debtor's property that is subject to a lien</b> <hr/> <u>Receivables- value is unresolved due to possible disputes and rejections. Furniture, Printers, computers, supplies and play material, Generator, State PPECC License, JoycareKids.com domain name, Internal operational methods, Customer list, Van, Fire system and sprinkler system-not removable-leasehold improvement, Security system- not removable-leasehold improvement</u>	<hr/> <u>\$216,788.00</u>	<hr/> <u>\$49,030.00</u>
<b>Creditor's mailing address</b> <hr/> <u>1545 Hawkins Blvd. Ste. 202</u>	<b>Describe the lien</b> <hr/> <u>Lien on inventory, chattel paper, accounts, equipment and general intangibles</u>		
<b>Creditor's email address, if known</b> <hr/>	<b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>Date debt was incurred</b> <hr/>	<b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
<b>Last 4 digits of account number</b> <hr/>	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<b>Do multiple creditors have an interest in the same property?</b>  <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/> <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1, 2.3, 2.4, 2.5, 2.6</u>			

**Debtor** Joycare Therapy, LLC

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Part 1:	Additional Page	
<b>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</b>		
		<b>Column A</b> <b>Amount of claim</b> Do not deduct the value of collateral.
<b>2.9 Creditor's name</b> <u>U.S. Bank Equipment Finance</u>		<b>Describe debtor's property that is subject to a lien</b> <u>Security system- not removable-leasehold improvement</u>
		<u>\$22,300.00</u>
<b>Creditor's mailing address</b> <u>1310 Madrid St</u>		<b>Describe the lien</b> <u>Lien on security system-Debtor cannot locate documents on loan and lien- possibly same loan as Marlin</u>
		<u>\$1,000.00</u>
<b>Creditor's email address, if known</b> <hr/>		<b>Is the creditor an insider or related party?</b>
		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes
<b>Date debt was incurred</b> <hr/>		<b>Is anyone else liable on this claim?</b>
<b>Last 4 digits of account number</b> <hr/>		<input checked="" type="checkbox"/> No
		<input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).
<b>Do multiple creditors have an interest in the same property?</b>		<b>As of the petition filing date, the claim is:</b>
<input type="checkbox"/> No		Check all that apply.
<input checked="" type="checkbox"/> Yes. Have you already specified the relative priority?		<input checked="" type="checkbox"/> Contingent
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <hr/>		<input type="checkbox"/> Unliquidated
		<input checked="" type="checkbox"/> Disputed
<hr/>		<input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.6</u>

Debtor Joycare Therapy, LLC  
Name

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Part 1: Additional Page

<b>2.4 Creditor's name</b> <u>Huan Le</u>	<b>Specify each creditor, including this creditor, and its relative priority.</b> <u>For Receivables- value is unresolved due to possible disputes and rejections:</u> 1) JPMorgan Chase Bank; 2) SBA Disaster Loan Service Center ; 3) Huan Le; 4) JPMorgan Chase Bank; <u>For Furniture:</u> 1) JPMorgan Chase Bank; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) <b>Huan Le;</b> <u>For Printers, computers, supplies and play material:</u> 1) JPMorgan Chase Bank; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) <b>Huan Le;</b> <u>For Generator:</u> 1) JPMorgan Chase Bank; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) <b>Huan Le;</b> 5) Generators of Houston; <u>For State PPECC License:</u> 1) JPMorgan Chase Bank; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) <b>Huan Le</b>
<b>2.5 Creditor's name</b> <u>JPMorgan Chase Bank</u>	<b>Specify each creditor, including this creditor, and its relative priority.</b> <u>For Furniture:</u> 1) JPMorgan Chase Bank; 2) <b>JPMorgan Chase Bank</b> ; 3) SBA Disaster Loan Service Center ; 4) Huan Le; <u>For Printers, computers, supplies and play material:</u> 1) JPMorgan Chase Bank; 2) <b>JPMorgan Chase Bank</b> ; 3) SBA Disaster Loan Service Center ; 4) Huan Le; <u>For Fire system and sprinkler system-not removable-leasehold improvement:</u> 1) JPMorgan Chase Bank; 2) <b>JPMorgan Chase Bank</b> ; 3) SBA Disaster Loan Service Center ; <u>For Receivables- value is unresolved due to possible disputes and rejections:</u> 1) JPMorgan Chase Bank; 2) SBA Disaster Loan Service Center ; 3) Huan Le; 4) <b>JPMorgan Chase Bank;</b> <u>For Generator:</u> 1) JPMorgan Chase Bank; 2) <b>JPMorgan Chase Bank</b> ; 3) SBA Disaster Loan Service Center ; 4) Huan Le; 5) Generators of Houston; <u>For Excelsior Realty I, LLC:</u> 1) <b>JPMorgan Chase Bank</b> ; 2) JPMorgan Chase Bank; <u>For JoycareKids.com domain name:</u> 1) JPMorgan Chase Bank; 2) <b>JPMorgan Chase Bank</b> ; 3) SBA Disaster Loan Service Center ; <u>For State PPECC License:</u> 1) JPMorgan Chase Bank; 2) <b>JPMorgan Chase Bank</b> ; 3) SBA Disaster Loan Service Center ; 4) Huan Le; <u>For Internal operational methods:</u> 1) JPMorgan Chase Bank; 2) <b>JPMorgan Chase Bank</b> ; 3) SBA Disaster Loan Service Center ; <u>For Customer list:</u> 1) JPMorgan Chase Bank; 2) <b>JPMorgan Chase Bank</b> ; 3) SBA Disaster Loan Service Center
<b>2.6 Creditor's name</b> <u>JPMorgan Chase Bank</u>	<b>Specify each creditor, including this creditor, and its relative priority.</b> <u>For State PPECC License:</u> 1) <b>JPMorgan Chase Bank</b> ; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) Huan Le; <u>For JoycareKids.com domain name:</u> 1) <b>JPMorgan Chase Bank</b> ; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; <u>For Internal operational methods:</u> 1) <b>JPMorgan Chase Bank</b> ; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; <u>For Customer list:</u> 1) <b>JPMorgan Chase Bank</b> ; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; <u>For Generator:</u> 1) <b>JPMorgan Chase Bank</b> ; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) Huan Le; 5) Generators of Houston; <u>For Receivables- value is unresolved due to possible disputes and rejections:</u> 1) <b>JPMorgan Chase Bank</b> ; 2) SBA Disaster Loan Service Center ; 3) Huan Le; 4) JPMorgan Chase Bank; <u>For Van:</u> 1) Ally Financial ; 2) <b>JPMorgan Chase Bank</b> ; 3) SBA Disaster Loan Service Center ; <u>For 2014 GMC SAV:</u> 1) Arvest Equipment Finance; 2) <b>JPMorgan Chase Bank</b> ; <u>For Excelsior Realty I, LLC:</u> 1) JPMorgan Chase Bank; 2) <b>JPMorgan Chase Bank</b> ; <u>For Furniture:</u> 1) <b>JPMorgan Chase Bank</b> ; 2) JPMorgan Chase Bank; <u>For Fire system and sprinkler system-not removable-leasehold improvement:</u> 1) <b>JPMorgan Chase Bank</b> ; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; <u>For Security system- not removable-leasehold improvement:</u> 1) U.S. Bank Equipment Finance; 2) Marlin Business Bank; 3) <b>JPMorgan Chase Bank</b> ; 4) SBA Disaster Loan Service Center ; <u>For Printers, computers, supplies and play material:</u> 1) <b>JPMorgan Chase Bank</b> ; 2) JPMorgan Chase Bank; 3) SBA Disaster Loan Service Center ; 4) Huan Le

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:  
Southern District of Texas

Case number (if known): 22-33581-H3-11

Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
2.1 Priority creditor's name and mailing address <hr/> <hr/> <hr/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <hr/>	Basis for the claim: <hr/>	
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	
2.2 Priority creditor's name and mailing address <hr/> <hr/> <hr/>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred <hr/>	Basis for the claim: <hr/>	
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____	Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Joycare Therapy, LLCCase number (if known) 22-33581-H3-11

Name

## Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Amount of claim	
<b>3.1 Nonpriority creditor's name and mailing address</b> Acosta Diaz, Aniuska 17907 Glenpatti dr Houston, TX 77084	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
<b>3.2 Nonpriority creditor's name and mailing address</b> Adams Family 8201 W Bellfort Ave Houston, TX 77071	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
<b>3.3 Nonpriority creditor's name and mailing address</b> Adams, Tonya 1902 Hiltonhead Dr Missouri City, TX 77459	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
<b>3.4 Nonpriority creditor's name and mailing address</b> AED 123, LLC 2200 Post Oak Blvd Suite 1000 Houston, TX 77056	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>

Debtor Joycare Therapy, LLC  
Name \_\_\_\_\_

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3.5 Nonpriority creditor's name and mailing address  <u>Ahaotu, Ashely</u> <u>1000 Cypress Station Dr #507</u> <u>Houston, TX 77090</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
Date or dates debt was incurred _____  Last 4 digits of account number _____	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6 Nonpriority creditor's name and mailing address  <u>Ahaotu, Ashley</u> <u>1000 Cypress Station Dr #507</u> <u>Houston, TX 77090</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
Date or dates debt was incurred _____  Last 4 digits of account number _____	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7 Nonpriority creditor's name and mailing address  <u>Aim Staffing, Inc</u> <u>9900 Westpark Dr</u> <u>Houston, TX 77063-5277</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$22,830.00</u>
Date or dates debt was incurred _____  Last 4 digits of account number _____	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8 Nonpriority creditor's name and mailing address  <u>Akachukwu, Ike L</u> <u>2518 hunter side trail</u> <u>fresno, TX 77545</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
Date or dates debt was incurred _____  Last 4 digits of account number _____	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.9	Nonpriority creditor's name and mailing address  <u>Alfaro Family</u> <u>13734 Alderson St</u> <u>Houston, TX 77015</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.10	Nonpriority creditor's name and mailing address  <u>Allen Family</u> <u>3511 Kaufman Ave</u> <u>Pearland, TX 77584</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.11	Nonpriority creditor's name and mailing address  <u>Allen, Telecia S</u> <u>14514 Maisermore Rd.</u> <u>Houston, TX 77015</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.12	Nonpriority creditor's name and mailing address  <u>Alliant Insurance</u> <u>3600 N Capital of Texas Hwy Ste 200 D,</u> <u>Austin, TX 78746-3314</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Insurance payments</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>

Debtor

Joycare Therapy, LLC

Name

Case number (if known)

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3.13	Nonpriority creditor's name and mailing address  Althorshan, Ntum 12330 Grove Meadow Dr Stafford, TX 77477	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address  Amell, Carmenza 2873 Everett Drive Friendswood, TX 77546	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address  Bala, Hannah 811 Birdsall Street, Unit A Houston, TX 77007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address  BankDirect Capital Finance 150 N Field Dr Ste 190 Lake Forest, IL 60045-2594	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$6,000.00
	Date or dates debt was incurred _____	Financing of liability Basis for the claim: <u>insurance</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Security interest in unearned insurance premiums _____		

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3.17	Nonpriority creditor's name and mailing address  <u>Banks Family</u>  <u>9125 HWY 6 N apt 534</u>  <u>Houston, TX 77095</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.18	Nonpriority creditor's name and mailing address  <u>Bargky Family</u>  <u>15210 Addicks Stone Dr. Unit B</u>  <u>Houston, TX 77082</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.19	Nonpriority creditor's name and mailing address  <u>Barnes, Yvette C</u>  <u>14203 Teaberry Breeze Ct</u>  <u>Houston, TX 77044</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.20	Nonpriority creditor's name and mailing address  <u>Basey, Ebony</u>  <u>1602 Enclave Pkwy Apt 1914G</u>  <u>Houston, TX 77077</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>

Debtor Joycare Therapy, LLC  
Name

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3.21	Nonpriority creditor's name and mailing address  <u>Battaglia, Vanessa</u> <u>10615 Dawn Pine Forest Trl</u> <u>Tomball, TX 77375</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.22	Nonpriority creditor's name and mailing address  <u>Bento Technologies</u> <u>PO Box 10929</u> <u>Chicago, IL 60610</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.23	Nonpriority creditor's name and mailing address  <u>Billiot, Jacqueline</u> <u>1300 N Post Oak Rd</u> <u>Houston, TX 77055</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.24	Nonpriority creditor's name and mailing address  <u>Bing, Amanda</u> <u>3800 County Road 94 #12202</u> <u>Manvel, TX 77578</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>

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3.25	Nonpriority creditor's name and mailing address  <u>Blaise Gibson</u> <u>16 Cornell Dr</u> <u>Wyandanch, NY 11798-1206</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$166,061.00</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.26	Nonpriority creditor's name and mailing address  <u>Blanco Family</u> <u>10326 Bushy Creek</u> <u>Houston, TX 77070</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.27	Nonpriority creditor's name and mailing address  <u>Bongaman, Elvin T</u> <u>14405 Bro Bonito Rd 339</u> <u>Houston, TX 77083</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.28	Nonpriority creditor's name and mailing address  <u>Boston Family</u> <u>7023 Hobby Wind Ridge</u> <u>Houston, TX 77075</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.29	Nonpriority creditor's name and mailing address  Broeske, Kenya 4203 Tranquil View Dr Houston, TX 77084	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.30	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address  Burke, Cottichia J 12543 S Ashford Villa Ln Houston, TX 77082	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.32	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.31	Nonpriority creditor's name and mailing address  Busby Family 6706 Ralston St apt C6 Houston, TX 77016	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.32	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.32	Nonpriority creditor's name and mailing address  Campbell, Tanisha 12433 Tidwell 332 Houston, TX 77044	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.33	Nonpriority creditor's name and mailing address  Carson, Shamelia  13126 Kingston Point Ln  Houston, TX 77047	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.34	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.35	Nonpriority creditor's name and mailing address  Carston, Rontreslyn  137 Town Homes Dr  Lafayette, TX 70501	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.36	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.36	Nonpriority creditor's name and mailing address  Chase Card Services  PO Box 15298  Carol Stream, IL 60197	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$95,266.00
	Date or dates debt was incurred _____  Last 4 digits of account number <u>1 1 9 5</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.37	Nonpriority creditor's name and mailing address  <u>Chinn, Sundara</u>  <u>5611 Oak Trail Ln</u>  <u>Houston, TX 77091</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.38	Nonpriority creditor's name and mailing address  <u>Choksey, Farnaz</u>  <u>6251 Agassi Ace Ct</u>  <u>Spring, TX 77379</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.39	Nonpriority creditor's name and mailing address  <u>Christian Thisgaard</u>  <u>4927 Rose Canyon Ln</u>  <u>Katy, TX 77494-6542</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$5,000.00</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.40	Nonpriority creditor's name and mailing address  <u>CHURCH Family</u>  <u>2040 GREENHOUSE RD</u>  <u>Houston, TX 77084</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.41	Nonpriority creditor's name and mailing address  City of Houston  Po Box 4863  Houston, TX 77210-4863	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,828.00
3.42	Nonpriority creditor's name and mailing address  Cleveland, Laura M  7610 Echinacea Drive  Baytown, TX 77521	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
3.43	Nonpriority creditor's name and mailing address  Coleman, Donna M  4006 Applerock Drive  Baytown, TX 77521	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
3.44	Nonpriority creditor's name and mailing address  Coria, Jessica  8503 Church Light Ln  Houston, TX 77064	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown

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3.45	Nonpriority creditor's name and mailing address  <u>Corley Family</u> <u>9251 Burdine St</u> <u>Houston, TX 77096</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.46	Nonpriority creditor's name and mailing address  <u>Cottichia Burke</u> <u>5218 Prairie Terrace Ln</u> <u>Fulshear, TX 77441-2199</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$120,000.00</u>
3.47	Nonpriority creditor's name and mailing address  <u>Cotton, Alexandra</u> <u>2801 Walnutbend Ln #71</u> <u>Houston, TX 77042</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.48	Nonpriority creditor's name and mailing address  <u>CP Energy Entex</u> <u>P.O. Box 4981</u> <u>Houston, TX 77210</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>

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3.49	Nonpriority creditor's name and mailing address  Crawford, Angel  4855 W Fuqua St, Apt 2203  Houston, TX 77045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.50	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.51	Nonpriority creditor's name and mailing address  Creixe, Miren  7300 Brompton Street, Apt. 5713  Houston, TX 77025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.52	Nonpriority creditor's name and mailing address  Creixel, Miren  7300 Brompton Street #5713  Houston, TX 77025	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.53	Nonpriority creditor's name and mailing address  CUELLAR Family  7434 BROWNSVILLE ST  Houston, TX 77020	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.54	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.55	Nonpriority creditor's name and mailing address  David Franklin  18030 Rancho St  Encino, CA 91316-4213	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$243,946.00
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address  DAVIS NELSON Family  15830 Willbriar Lane  Missouri City, TX 77489	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.56	Nonpriority creditor's name and mailing address  Davis-Nelson Family  15830 Willbriar Ln  Missouri City, TX 77489	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.57	Nonpriority creditor's name and mailing address  <u>Dearborne Family</u> <u>1950 Eldridge Pkwy unit 14304</u> <u>Houston, TX 77077</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.58	Nonpriority creditor's name and mailing address  <u>Delasbour JR Family</u> <u>1008 Lindsey Dr</u> <u>Rosenburg, TX 77471</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.59	Nonpriority creditor's name and mailing address  <u>Dewalt Family</u> <u>16966 Northchase Dr</u> <u>Houston, TX 77060</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.60	Nonpriority creditor's name and mailing address  <u>Diego Bello</u> <u>5302 La Branch St</u> <u>Houston, TX 77004-6834</u>	As of the petition filing date, the claim is: <u>\$8,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Accounting services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.61	Nonpriority creditor's name and mailing address  Dimiceli Family  2605 Reed Rd unit 2217  Houston, TX 77051	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.62	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address  Dobie Family  16223 Green Shade Dr  Houston, TX 77090	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.63	Nonpriority creditor's name and mailing address  Don Tom and Judy Le  4135 Tartan Ln  Houston, TX 77025-2920	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Loan</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$526,357.00
3.64	Nonpriority creditor's name and mailing address  Edmond, Taylor  13146 Skyview Landing Dr  Houston, TX 77047	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.65	Nonpriority creditor's name and mailing address  Ejezie Family  17006 Audrey Arbor Way  Richmond, TX 77407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.66	Nonpriority creditor's name and mailing address  E-Lim, Inc.  6720 Sands Point Dr., Ste. 103  Houston, TX 77074	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.67	Nonpriority creditor's name and mailing address  Eromosele, Sarah  17203 Quiet Song Ct  Richmond, TX 77407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.68	Nonpriority creditor's name and mailing address  Excelsior Realty I, LLC  1808 Antoine Dr  Houston, TX 77055-1842	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$13,778.00</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.69	Nonpriority creditor's name and mailing address  Fire and Life Safety 7077 W 43rd St Houston, TX 77092-4439	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,480.00
	Date or dates debt was incurred _____	Possibly security system Basis for the claim: <u>but no UCC filed</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Remarks: Sprinkler system		
3.70	Nonpriority creditor's name and mailing address  FLANAGAN Family 13208 RAVENLAKE DR Pearland, TX 77584	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.71	Nonpriority creditor's name and mailing address  Flores, Juan A 5002 Whispering Falls Dr Houston, TX 77084	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.72	Nonpriority creditor's name and mailing address  Flores-Olloqui, Adriana G 5002 Whispering Falls Dr Houston, TX 77084	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.73	Nonpriority creditor's name and mailing address  Floyd Family  1950 Eldridge Pkwy unit 9108  Houston, TX 77077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
3.74	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.75	Nonpriority creditor's name and mailing address  Ford Family  12660 Stafford Rd Apt 135  Stafford, TX 77477	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address  Frazier, Kathania  3215 Breeze Bluff Way  Richmond, TX 77406	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.76	Nonpriority creditor's name and mailing address  Frederick Francis Franklin  3501 Tiffany Ridge Ln  Blue Ash, OH 45241-3810	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	\$20,738.00
	Date or dates debt was incurred _____  Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.77	Nonpriority creditor's name and mailing address  Freeman, Yulonda  6706 Finch St Apt 1  Houston, TX 77028	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
3.78	Nonpriority creditor's name and mailing address  Gabba, Alimatu  12910 Balarama dr  Houston, TX 77099	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown
3.79	Nonpriority creditor's name and mailing address  Gage Medical Management Services  Po Box 631571  Nacogdoches, TX 75963-1571	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$46,133.00
3.80	Nonpriority creditor's name and mailing address  Garay Callejas, Laura  18506 S Wimbledon Dr  Katy, TX 77449	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	unknown

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3.81	Nonpriority creditor's name and mailing address  <u>Garcia Family</u>  <u>8315 Radial Ct</u>  <u>Rosharon, TX 77583</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.82	Nonpriority creditor's name and mailing address  <u>Garcia, Chessica</u>  <u>4406 washmon ave</u>  <u>Harlingen, TX 78552</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.83	Nonpriority creditor's name and mailing address  <u>Garrick Family</u>  <u>302 Crosstimbers St. Apt. 207</u>  <u>Houston, TX 77022</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.84	Nonpriority creditor's name and mailing address  <u>Gaston, Shawn L</u>  <u>4930 Vintage Grove Ct</u>  <u>Katy, TX 77449</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.85	Nonpriority creditor's name and mailing address  <u>Gilpin, Angelisa</u> <u>24758 Grand Harbor Dr, Apt 608</u> <u>Katy, TX 77494</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.86	Nonpriority creditor's name and mailing address  <u>Givens, Miata</u> <u>3126 Dogwood Springs Drive</u> <u>Houston, TX 77073</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.87	Nonpriority creditor's name and mailing address  <u>Gomez, Zuzel</u> <u>20811 Grenoble Ln</u> <u>Katy, TX 77450</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.88	Nonpriority creditor's name and mailing address  <u>Gonzalez, Carla</u> <u>21730 Hegewick Ct</u> <u>Spring, TX 77388</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>

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3.89	Nonpriority creditor's name and mailing address  GREEN Family  15447 BAMMEL FIELDS CT  Houston, TX 77014	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
Date or dates debt was incurred _____  Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.90	Nonpriority creditor's name and mailing address  Grossman, Micah  24142 Mirabella Way  Richmond, TX 77406	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
Date or dates debt was incurred _____  Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.91	Nonpriority creditor's name and mailing address  Harrell Architects, LP  2016 Bauer Dr  Houston, TX 77080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: _____	\$20,000.00
Date or dates debt was incurred _____  Last 4 digits of account number _____		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
3.92	Nonpriority creditor's name and mailing address  Harris County Rides  8410 Lantern Point Dr  Houston, TX 77054	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____	unknown
Date or dates debt was incurred _____  Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.93	Nonpriority creditor's name and mailing address  <u>Harris County Toll Road</u>  <u>Po Box 4440</u>  <u>Houston, TX 77210-4440</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <u>Tolls</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$168.00</u>
3.94	Nonpriority creditor's name and mailing address  <u>Harrison, Kymbra</u>  <u>3711 Southmore Blvd</u>  <u>Houston, TX 77004</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.95	Nonpriority creditor's name and mailing address  <u>Healthcare Services</u>  <u>1001 E. Lookout Dr.</u>  <u>Richardsoon, TX 75082</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.96	Nonpriority creditor's name and mailing address  <u>Hidalgo, Brenda</u>  <u>10301 Sandpiper Dr</u>  <u>Houston, TX 77096</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>

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3.97	Nonpriority creditor's name and mailing address  <u>Huan Le</u>  <u>3750 Childress St</u>  <u>Houston, TX 77005-1112</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$359,987.00</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.98	Nonpriority creditor's name and mailing address  <u>IT SWITCHER</u>  <u>6720 Sands Point Dr Ste 101</u>  <u>Houston, TX 77074</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.99	Nonpriority creditor's name and mailing address  <u>Jackson Family</u>  <u>3414 Knotty Oaks Tr</u>  <u>Houston, TX 77045</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.100	Nonpriority creditor's name and mailing address  <u>Jackson, Laretha</u>  <u>10103 Lansdale dr. #605</u>  <u>houston, TX 77036</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.101	<b>Nonpriority creditor's name and mailing address</b>  <u>Jackson, Norma</u> <u>2525 S Voss Rd</u> <u>Houston, TX 77052</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	<b>Nonpriority creditor's name and mailing address</b>  <u>Jimenez, Nina</u> <u>77 East Edgebrook Drive, Apt 809</u> <u>Houston, TX 77034</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	<b>Nonpriority creditor's name and mailing address</b>  <u>Johnson Family</u> <u>1506 Willow Rock Rd</u> <u>Houston, TX 77088</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	<b>Nonpriority creditor's name and mailing address</b>  <u>Johnson, Laura</u> <u>331 N Texas St</u> <u>Texas City, TX 77591</u>	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.105	Nonpriority creditor's name and mailing address  Jones Family  6767 Long Drive Unit 110  Houston, TX 77087	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.106	Nonpriority creditor's name and mailing address  Jones Family  3910 Tiffany Dr.  Houston, TX 77045	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.107	Nonpriority creditor's name and mailing address  Jones, Lisa  119 king st  Anderson, TX 29624	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.108	Nonpriority creditor's name and mailing address  Jones, Toya  14810 Earlswood Dr  Houston, TX 77083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.109	Nonpriority creditor's name and mailing address  <u>Joycare Family</u> <u>2222 Sandspoint Dr</u> <u>Houston, TX 77074</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address  <u>Kanrad Technologies Inc</u> <u>4340 Stevens Creek Blvd Ste 162</u> <u>San Jose, CA 95129-1161</u>	As of the petition filing date, the claim is: <u>\$4,871.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.111	Nonpriority creditor's name and mailing address  <u>Kathryn Espana</u> <u>3830 Sun Valley Dr</u> <u>Houston, TX 77025-4139</u>	As of the petition filing date, the claim is: <u>\$8,800.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: <u>Contract Services</u>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112	Nonpriority creditor's name and mailing address  <u>Kearney Family</u> <u>2027 Plantation Dr</u> <u>Richmond, TX 77406</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.113	Nonpriority creditor's name and mailing address  <u>Knowles, Angella</u>  <u>7806 Birmingham St</u>  <u>Houston, TX 77028</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.114	Nonpriority creditor's name and mailing address  <u>LaBrie, Monica L</u>  <u>24319 Treviso Gardens</u>  <u>Katy, TX 77493</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.115	Nonpriority creditor's name and mailing address  <u>Lagard Family</u>  <u>6400 W Belfort apt 1012</u>  <u>Houston, TX 77035</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.116	Nonpriority creditor's name and mailing address  <u>Lee, April</u>  <u>7616 N Main St # A</u>  <u>Houston, TX 77022</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.117	Nonpriority creditor's name and mailing address  <u>Leopold, Kendrea</u> <u>15906 Manfield Drive</u> <u>Houston, TX 77082</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.118	Nonpriority creditor's name and mailing address  <u>Lewis Family</u> <u>8601 Wednesbury Ln Apt 219</u> <u>Houston, TX 77074</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.119	Nonpriority creditor's name and mailing address  <u>Lindsay, Chamasia</u> <u>5451 Fulton St #2407</u> <u>Houston, TX 77009</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.120	Nonpriority creditor's name and mailing address  <u>Lopez Martinez Family</u> <u>77 E Edgebrook Dr Apt 204</u> <u>Houston, TX 77034</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.121	Nonpriority creditor's name and mailing address  <u>Lopez, Claudia</u> <u>20022 Tunnam Trail</u> <u>Houston, TX 77073</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122	Nonpriority creditor's name and mailing address  <u>Macwan, Adrian</u> <u>6003 Soledad Pine Cir</u> <u>Richmond, TX 77407</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.123	Nonpriority creditor's name and mailing address  <u>Mahmood, Fizzah</u> <u>7235 Granvia Drive</u> <u>Houston, TX 77083</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.124	Nonpriority creditor's name and mailing address  <u>Mangwa, Natty</u> <u>3225 Woodland Park Dr #1611</u> <u>Houston, TX 77082</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.125	Nonpriority creditor's name and mailing address  Marks, Nesa  4006 Brandwere Way St  Houston, TX 77066	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.126	Nonpriority creditor's name and mailing address  Marody, John  234 Soren Ln  Houston, TX 77076	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.127	Nonpriority creditor's name and mailing address  Martinez, Cecilia  3418 Rockyridge Dr  Houston, TX 77063	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.128	Nonpriority creditor's name and mailing address  Mason-Kelly, Mahagony  2500 Woodland Park Dr  Houston, TX 77077	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.129	Nonpriority creditor's name and mailing address  Mbah, Justine  7814 country space loop north  Richmond, TX 77469	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.130	Nonpriority creditor's name and mailing address  McCann, London  1911 Grand Oak  Pearland, TX 77581	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.131	Nonpriority creditor's name and mailing address  McKesson  9954 Maryland Drive 4000  Henrico, VA 23233	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,471.00
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.132	Nonpriority creditor's name and mailing address  McKinney, Detra  18155 Sorrell Oaks Cir  Richmond, TX 77407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.133	Nonpriority creditor's name and mailing address  McNeil, Vianna  2820 Fountain View Dr  Houston, TX 77057	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.134	Nonpriority creditor's name and mailing address  Medlock-Brown, Mahoganee  5440 Braesvalley Dr  Houston, TX 77096	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.135	Nonpriority creditor's name and mailing address  Medlock-Brown, Mahoganee R  5440 Bravesvalley Dr #183  Houston, TX 77096	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			
3.136	Nonpriority creditor's name and mailing address  Micah Grossman  24142 Mirabella Way  Richmond, TX 77406-4536	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$293,001.00</u>
		Basis for the claim: _____	
Date or dates debt was incurred _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____			

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3.137	<b>Nonpriority creditor's name and mailing address</b>  Middleton, Mollyerin 7731 Meadowvale Drive Houston, TX 77063	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> _____	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.138	<b>Nonpriority creditor's name and mailing address</b>  Miguel Family 4235 Barberry Dr Apt 203 Houston, TX 77051	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> _____	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.139	<b>Nonpriority creditor's name and mailing address</b>  Mistry Family 11111 Gavin Place Dr Houston, TX 77088	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> _____	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.140	<b>Nonpriority creditor's name and mailing address</b>  Molina Zuniga, Hector 18211 foley park ct Cypress, TX 77433	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> _____	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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3.141	Nonpriority creditor's name and mailing address  <u>Molina, Hector</u> <u>18211 foley park ct</u> <u>Cypress, TX 77433</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142	Nonpriority creditor's name and mailing address  <u>Montufar Rojas Family</u> <u>3620 Woodchase Apt 124</u> <u>Houston, TX 77042</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143	Nonpriority creditor's name and mailing address  <u>Moody, Jahnisha</u> <u>3363 Mccue rd apt 240</u> <u>Houston , TX 77056</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	Nonpriority creditor's name and mailing address  <u>Morales III Family</u> <u>3003 Memorial Ct</u> <u>Houston, TX 77007</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.145	Nonpriority creditor's name and mailing address  Muguerzia, Yamiledis  14041 Pine Lane  Humble, TX 77396	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.146	Nonpriority creditor's name and mailing address  Nimmo-Ward, Korto  8430 Antoine Dr #271  Houston, TX 77088	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.147	Nonpriority creditor's name and mailing address  Noemi Sirisaengfaksin  8335 Mentmore Dr  Spring, TX 77379-6753	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$90,642.00
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.148	Nonpriority creditor's name and mailing address  Nwigwe, Nnajike C  20118 Stonebridge Terrace Dr.  Houston, TX 77407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.149	Nonpriority creditor's name and mailing address  Oakes, Jenna  19707 Horseshoe Lake Ln  Houston, TX 77084	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.150	Nonpriority creditor's name and mailing address  Odom, Tanya  1409 Banbury Circle  Livingston, TX 77351	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.151	Nonpriority creditor's name and mailing address  Oglesby, Britttny  3318 Sparrow St  Houston, TX 77051	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.152	Nonpriority creditor's name and mailing address  Ogunseinde Family  735 Dulles Ave Apt 817  Stafford, TX 77477	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.153	Nonpriority creditor's name and mailing address  Okonkwo, Susan  12777 Ashford Point Ln  Houston, TX 77082	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.154	Nonpriority creditor's name and mailing address  Okonwo, Susan  12777 Ashford point Dr  Houston , TX 77082	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.155	Nonpriority creditor's name and mailing address  Oliver Family  23719 Pebworth PI  Spring, TX 77373	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.156	Nonpriority creditor's name and mailing address  Ooma Lakshmanan  15311 Ripplestream St  Houston, TX 77068-1833	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$183,814.00</u>
	Date or dates debt was incurred _____	Basis for the claim: <u>Loan</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.157	Nonpriority creditor's name and mailing address  ORTIZ Family  507 Renfro Burford Rd  Fresno, TX 77545	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.158	Nonpriority creditor's name and mailing address  Ortiz, Maria  6301 Sierra Blanca Dr #5607  Houston, TX 77083	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.159	Nonpriority creditor's name and mailing address  Ortiz, Mariadelcarmen  6301 Sierra Blanca Dr, Apt 5607  Houston, TX 77083	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.160	Nonpriority creditor's name and mailing address  Palacios, Rebecca T  8800 Fondren Rd  Houston, TX 77074	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	unknown
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.161	Nonpriority creditor's name and mailing address  <u>Pasadena Sign Company</u> <u>15255 Gulf Freeway A146</u> <u>Houston, TX 77034</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.162	Nonpriority creditor's name and mailing address  <u>Patterson Family</u> <u>1445 Lakeside Estates Apt 3100</u> <u>Houston, TX 77042</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.163	Nonpriority creditor's name and mailing address  <u>Peneza, Sime</u> <u>9605 Bakers Ave</u> <u>Houston, TX 77045</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.164	Nonpriority creditor's name and mailing address  <u>Peneza, Sime Charliz</u> <u>9605 Bakers Ave</u> <u>Houston, TX 77045</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.165	Nonpriority creditor's name and mailing address  Pequeno Family  6810 W. Fuqua St.  Missouri City, TX 77489	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.166	Nonpriority creditor's name and mailing address  Pequeno, Diane  609 Spooner St  Pasadena, TX 77506	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.167	Nonpriority creditor's name and mailing address  Peter Franklin  1201 Taylor St  Austin, TX 78702-5333	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$5,000.00</u>
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.168	Nonpriority creditor's name and mailing address  Posadas, Ivelisse  9214 Calabrian Pine Court  Richmond, TX 77407	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred  Last 4 digits of account number	Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.169	Nonpriority creditor's name and mailing address  Powell Family  21247 Rezanof Rd  Humble, TX 77338	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.170	Nonpriority creditor's name and mailing address  PPE Supplies  5307 Patrick Henry St  Bellaire, TX 77401	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.171	Nonpriority creditor's name and mailing address  PPEC KANTIME Family  123 joy care lane  San Antonio, TX 78222	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.172	Nonpriority creditor's name and mailing address  Provost Family  19922 Brisbane Meadows Dr  Katy, TX 77449	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.173	Nonpriority creditor's name and mailing address  <u>Quill</u> <u>7 Technology Cir</u> <u>Columbia, SC 29203-9591</u>	As of the petition filing date, the claim is: <u>\$1,322.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.174	Nonpriority creditor's name and mailing address  <u>Quiroz Family</u> <u>2901 Fulton St Apt 435</u> <u>Houston, TX 77009</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.175	Nonpriority creditor's name and mailing address  <u>Ramos Family</u> <u>2814 Honeysickle st</u> <u>Rosharon, TX 77583</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.176	Nonpriority creditor's name and mailing address  <u>Realmed</u> <u>510 E 96th St #400</u> <u>Indianapolis, IN 46240</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.177	Nonpriority creditor's name and mailing address  <u>Reed, Christina</u> <u>6328 Austinville Dr</u> <u>Katy, TX 77449</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.178	Nonpriority creditor's name and mailing address  <u>Reilly, Kelly</u> <u>1109 Linwood Circle</u> <u>Pasadena, TX 77502</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.179	Nonpriority creditor's name and mailing address  <u>Reliant Energy</u> <u>P.O. Box 1700</u> <u>Houston, TX 77251-1700</u>	As of the petition filing date, the claim is: <u>\$4,433.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Date or dates debt was incurred _____		Basis for the claim: <u>Electricity</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.180	Nonpriority creditor's name and mailing address  <u>Rhodes, Crystal</u> <u>9235 Willow Crossing Dr</u> <u>Houston, TX 77064</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.181	Nonpriority creditor's name and mailing address  <u>Rice Family</u>  <u>10181 Windmill Lakes Blvd Apt 814</u>  <u>Houston, TX 77075</u>	As of the petition filing date, the claim is: <u>unknown</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.182	Nonpriority creditor's name and mailing address  <u>Rivera Family</u>  <u>13131 Pearson St</u>  <u>Houston, TX 77023</u>	As of the petition filing date, the claim is: <u>unknown</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.183	Nonpriority creditor's name and mailing address  <u>Roberts, Sabrina</u>  <u>8655 Jones Rd #1908</u>  <u>Houston, TX 77065</u>	As of the petition filing date, the claim is: <u>unknown</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.184	Nonpriority creditor's name and mailing address  <u>Robertson Family</u>  <u>2660 Augusta Dr</u>  <u>Houston, TX 77057</u>	As of the petition filing date, the claim is: <u>unknown</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.185	Nonpriority creditor's name and mailing address  <u>Rocha, Savannah</u> <u>6160 E Sam Houston Pkwy N Apt 2107</u> <u>Houston, TX 77049</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.186	Nonpriority creditor's name and mailing address  <u>Rodriguez Family</u> <u>3001 Shady Creek Dr</u> <u>Pearland, TX 77581</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.187	Nonpriority creditor's name and mailing address  <u>Rossi, Victoria</u> <u>5312 Clarewood Dr 48 C</u> <u>Houston, TX 77081</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.188	Nonpriority creditor's name and mailing address  <u>Roto Rooter</u> <u>3403 N Sam Houston Pkwy W, Ste 400</u> <u>Houston, TX 77086</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.189	<b>Nonpriority creditor's name and mailing address</b>  Ruvalcaba Family  8123 Legacy Creek Dr  Tomball, TX 77375	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> _____	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.190	<b>Nonpriority creditor's name and mailing address</b>  Salazar, Candice M  735 Dulles Ave #1121  Stafford, TX 77477	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> _____	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.191	<b>Nonpriority creditor's name and mailing address</b>  Samuel, Jane  9602 Sandstone Road  Houston, TX 77036	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> _____	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
3.192	<b>Nonpriority creditor's name and mailing address</b>  Sandres Family  10000 Hammerly Blvd  Houston, TX 77080	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	<b>Basis for the claim:</b> _____	
	<b>Is the claim subject to offset?</b>	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	

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3.193	Nonpriority creditor's name and mailing address  <u>Sangodeyi, Augustina</u>  <u>17934 Royal gate lane</u>  <u>Richmond tx, TX 77407</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.194	Nonpriority creditor's name and mailing address  <u>Santos, Maricela</u>  <u>6922 Keats St</u>  <u>Houston, TX 77085</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.195	Nonpriority creditor's name and mailing address  <u>Santos-Meza Family</u>  <u>5570 Gasmer Dr Apt 117</u>  <u>Houston, TX 77035</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.196	Nonpriority creditor's name and mailing address  <u>Sawadogo, Tahira</u>  <u>13099 Westheimer Rd, Apt. 2602</u>  <u>Houston, TX 77077</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
		Basis for the claim: _____	
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.197	<b>Nonpriority creditor's name and mailing address</b>  Scifres-Farmer, Lisa G  10002 Kirkaspen Drive  Houston, TX 77089	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number _____	
3.198	<b>Nonpriority creditor's name and mailing address</b>  SCOTT Family  480 Brandon Rd  Conroe, TX 77302	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number _____	
3.199	<b>Nonpriority creditor's name and mailing address</b>  Sears, Monisea  7723 Spinet Street  Houston, TX 77016	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number _____	
3.200	<b>Nonpriority creditor's name and mailing address</b>  Sharp, Shaquita  5335 Aldine Bender rd  Houston, TX 77032	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number _____	

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3.201	Nonpriority creditor's name and mailing address  <u>Sharps, Thomasina</u> <u>24200 Southwest Fwy Ste 402-109</u> <u>Rosenberg, TX 77471</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.202	Nonpriority creditor's name and mailing address  <u>Shellise and Keshia Josephs</u> <u>1100 Avenue of Port Imperial 427</u> <u>Weehawken, NY 07086</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$82,638.00</u>
	Date or dates debt was incurred _____	Basis for the claim: <u>Loan</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.203	Nonpriority creditor's name and mailing address  <u>ShredIt</u> <u>10801 Kempwood Dr Ste 4</u> <u>Houston, TX 77043-1414</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: <u>Document shredding</u>	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.204	Nonpriority creditor's name and mailing address  <u>Sierra, Darlene</u> <u>825 Usener #615</u> <u>Houston, TX 77009</u>	As of the petition filing date, the claim is:  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.205	<b>Nonpriority creditor's name and mailing address</b>  Smith Family  148 Memorial Drive Apt 2511  Houston, TX 77071	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number _____	
3.206	<b>Nonpriority creditor's name and mailing address</b>  SSB Trust Stops  1645 E 6th Street, Suite 200  Austin, TX 78702	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number _____	
3.207	<b>Nonpriority creditor's name and mailing address</b>  Star Building Services  1717 Gessner Rd  Houston, TX 77080-7003	<b>As of the petition filing date, the claim is:</b> <u>\$2,221.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Cleaning services</u>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Date or dates debt was incurred _____	
	Last 4 digits of account number _____	
3.208	<b>Nonpriority creditor's name and mailing address</b>  Steinman, Rebecca  2612 Michael Wayne Rd  Rosharon, TX 77583	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____
	Date or dates debt was incurred _____	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
	Last 4 digits of account number _____	

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3.209	Nonpriority creditor's name and mailing address  <u>Stephens Family</u> <u>3107 Indigo River Ln</u> <u>Sugar Land, TX 77479</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.210	Nonpriority creditor's name and mailing address  <u>Stewart, Leahcim B</u> <u>16107 Coyridge Lane</u> <u>Houston, TX 77053</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.211	Nonpriority creditor's name and mailing address  <u>Stith, Qynne</u> <u>330 Maybrook Dr</u> <u>Houston, TX 77015</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
Date or dates debt was incurred _____		Basis for the claim: _____	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.212	Nonpriority creditor's name and mailing address  <u>Storquest Economy Storage</u> <u>6250 Westward St</u> <u>Houston, TX 77081-3206</u>	As of the petition filing date, the claim is: _____ <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>unknown</u>
Date or dates debt was incurred _____		Basis for the claim: <u>Storage unit</u>	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.213	Nonpriority creditor's name and mailing address  <u>Taramona, Carla</u> <u>4019 Brookmeade Dr</u> <u>Houston, TX 77045</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.214	Nonpriority creditor's name and mailing address  <u>Terry Family</u> <u>7032 Terra Lane</u> <u>Manvel, TX 77578</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.215	Nonpriority creditor's name and mailing address  <u>The Weston Group</u> <u>10101 Southwest Fwy Ste 205</u> <u>Houston, TX 77074-1142</u>	As of the petition filing date, the claim is: <u>\$11,900.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.216	Nonpriority creditor's name and mailing address  <u>Thomas Family</u> <u>4739 Cairnvillage St</u> <u>Houston, TX 77084</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.217	Nonpriority creditor's name and mailing address  <u>Thomas, Ashley</u>  <u>3431 Selene Dr</u>  <u>Missouri City, TX 77459</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.218	Nonpriority creditor's name and mailing address  <u>Tompkns, Erin</u>  <u>2255 Eldridge Pkwy #1125</u>  <u>Houston, TX 77077</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.219	Nonpriority creditor's name and mailing address  <u>TruBlu HR Solutions</u>  <u>350 Nursery Rd 2101</u>  <u>Spring, TX 77380</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$11,120.00</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.220	Nonpriority creditor's name and mailing address  <u>Tuynman, Heidi</u>  <u>16218 Dunmoor Dr</u>  <u>Houston, TX 77059</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.221	Nonpriority creditor's name and mailing address  <u>Tzul Family</u> <u>7514 S Gessner rd apt 231</u> <u>Houston, TX 77036</u>	As of the petition filing date, the claim is:  <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.222	Nonpriority creditor's name and mailing address  <u>Ultra Chemicals and Cleaning</u> <u>10501 Corporate Dr</u> <u>Stafford, TX 77477</u>	As of the petition filing date, the claim is:  <u>\$1,600.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.223	Nonpriority creditor's name and mailing address  <u>Vite Family</u> <u>917 Woodbine St</u> <u>Houston, TX 77017</u>	As of the petition filing date, the claim is:  <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.224	Nonpriority creditor's name and mailing address  <u>WAGNER Family</u> <u>10211 Peeble Trail Court</u> <u>Humble, TX 77338</u>	As of the petition filing date, the claim is:  <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.225	Nonpriority creditor's name and mailing address  Walton, Rachel  12660 Medfield Drive #419  Houston, TX 77082	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.226	Nonpriority creditor's name and mailing address  Waste Management  PO Box 43350  Phoenix, AZ 85080	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.227	Nonpriority creditor's name and mailing address  Watson, Lashaunda  15615 Blue Ash Dr #5105  Houston, TX 77090	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.228	Nonpriority creditor's name and mailing address  Wedekind Family  14810 Brookside Forest Dr  Houston, TX 77040	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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3.229	Nonpriority creditor's name and mailing address  <u>Wells, Jenna</u> <u>1904 Laurel Oaks Dr</u> <u>Richmond, TX 77469</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.230	Nonpriority creditor's name and mailing address  <u>West Point Commercial Glass</u> <u>9150 Emnora Ln</u> <u>Houston, TX 77080</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.231	Nonpriority creditor's name and mailing address  <u>White Family</u> <u>7250 W Greens Rd Apt 1108</u> <u>Houston, TX 77064</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.232	Nonpriority creditor's name and mailing address  <u>Widodo, Evelyn</u> <u>16818 Whigham PI</u> <u>Richmond, TX 77407</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Joycare Therapy, LLC

Name

Case number (if known)

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## Part 2: Additional Page

3.233	Nonpriority creditor's name and mailing address  Williams Family  12600 Dunlap st unit 897  Houston, TX 77035	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.234	Nonpriority creditor's name and mailing address  Williams Family  14405 Rio Bonito Rd Apt 250  Houston, TX 77083	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.235	Nonpriority creditor's name and mailing address  Williams, Helena  2401 W Sam Pkwy  Houston, TX 77043	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.236	Nonpriority creditor's name and mailing address  Williams, Laura  600 Nottingham Oak Trl #216  Houston , TX 77079	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>unknown</u>
	Date or dates debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Joycare Therapy, LLC  
Name

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Part 2: Additional Page

3.237	Nonpriority creditor's name and mailing address  <u>Winton, Teneka</u>  <u>15919 Copper Oak Lane</u>  <u>Houston, TX 77084</u>	As of the petition filing date, the claim is: <u>unknown</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.238	Nonpriority creditor's name and mailing address  <u>Wygant, Susan</u>  <u>2014 Snow Pine Lane</u>  <u>Houston, TX 77089</u>	As of the petition filing date, the claim is: <u>unknown</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.239	Nonpriority creditor's name and mailing address  <u>Young Family</u>  <u>5500 N Braeswood Blvd apt 199</u>  <u>Houston, TX 77096</u>	As of the petition filing date, the claim is: <u>unknown</u>  <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
		Basis for the claim: _____
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor

Joycare Therapy, LLC

Name

Case number (if known) 22-33581-H3-11

## Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Robertson, Anschutz, Schneid &amp; Crane LLC</u> <u>6409 Congress Ave Ste 100</u> <u>Boca Raton, FL 33487-2853</u>	Line <u>3.36</u> <input type="checkbox"/> Not listed. Explain _____ _____ _____	_____

Debtor Joycare Therapy, LLC  
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Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

<b>Total of claim amounts</b>		
5a. Total claims from Part 1	5a.	<u>\$0.00</u>
5b. Total claims from Part 2	5b.	<u>\$2,381,405.00</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<u>\$2,381,405.00</u>

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:  
Southern District of Texas

Case number (if known): 22-33581-H3-11 Chapter 11

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Use of QuickBooks</u>	<u>Intuit Quickbooks</u>
		<u>Contract to be ASSUMED</u>	<u>2700 Coast Ave.</u>
	State the term remaining	<u>0 months</u>	<u>Mountain View, CA 94043</u>
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Software for operations</u>	<u>Kanrad Technologies</u>
			<u>4340 Stevens Creek Blvd Ste 162</u>
	State the term remaining	<u>0 months</u>	<u>San Jose, CA 95129-1147</u>
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Employee payroll services and software</u>	<u>Gusto Payroll</u>
			<u>525 20th St.</u>
	State the term remaining	<u>0 months</u>	<u>San Francisco, CA 94107</u>
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Messaging service</u>	<u>Procare Connect</u>
			<u>1125 17th St Ste 1800</u>
	State the term remaining	<u>0 months</u>	<u>Denver, CO 80202-2026</u>
	List the contract number of any government contract		

Debtor Joycare Therapy, LLC  
Name \_\_\_\_\_

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### Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.5	State what the contract or lease is for and the nature of the debtor's interest	<u>Shredding services</u>
	State the term remaining	<u>0 months</u>
	List the contract number of any government contract	_____
2.6	State what the contract or lease is for and the nature of the debtor's interest	<u>Internet services</u>
	State the term remaining	<u>Contract to be ASSUMED</u>
	List the contract number of any government contract	_____
2.7	State what the contract or lease is for and the nature of the debtor's interest	<u>Gas services</u>
	State the term remaining	<u>0 months</u>
	List the contract number of any government contract	_____
2.8	State what the contract or lease is for and the nature of the debtor's interest	<u>Electricity contract</u>
	State the term remaining	<u>0 months</u>
	List the contract number of any government contract	_____
2.9	State what the contract or lease is for and the nature of the debtor's interest	<u>Water for building</u>
	State the term remaining	<u>Contract to be ASSUMED</u>
	List the contract number of any government contract	_____
2.10	State what the contract or lease is for and the nature of the debtor's interest	<u>Security</u>
	State the term remaining	<u>0 months</u>
	List the contract number of any government contract	_____

Debtor Joycare Therapy, LLC  
Name \_\_\_\_\_

Case number (*if known*) 22-33581-H3-11

### Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

#### List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

<b>2.11</b> State what the contract or lease is for and the nature of the debtor's interest <u>Waste disposal</u>	Waste Management <u>Credit Department</u> <u>1000 E. Noa Red Bluff</u> <u>Houston, TX 77034</u>
State the term remaining <u>0 months</u>	
List the contract number of any government contract <u>  </u>	
<b>2.12</b> State what the contract or lease is for and the nature of the debtor's interest <u>Vehicle insurance</u> <u>Contract to be ASSUMED</u>	<u>Progressive County Mutual Insurance</u> <u>P.O. Box 43258</u> <u>Cleveland, OH 44143-0258</u>
State the term remaining <u>0 months</u>	
List the contract number of any government contract <u>  </u>	
<b>2.13</b> State what the contract or lease is for and the nature of the debtor's interest <u>General liability and other property insurance</u> <u>Contract to be ASSUMED</u>	<u>Alliant Insurance</u> <u>3600 N Capital of Texas Hwy Ste 200 D.</u> <u>Austin, TX 78746-3314</u>
State the term remaining <u>0 months</u>	
List the contract number of any government contract <u>  </u>	
<b>2.14</b> State what the contract or lease is for and the nature of the debtor's interest <u>Workers compensation</u> <u>Contract to be ASSUMED</u>	<u>Texas Mutual Insurance</u> <u>PO Box 841843</u> <u>Dallas, TX 75284</u>
State the term remaining <u>0 months</u>	
List the contract number of any government contract <u>  </u>	
<b>2.15</b> State what the contract or lease is for and the nature of the debtor's interest <u>Employee health insurance</u> <u>Contract to be ASSUMED</u>	<u>Health Care Services</u> <u>1001 E Lookout Dr</u> <u>Richardson, TX 75082-4144</u>
State the term remaining <u>0 months</u>	
List the contract number of any government contract <u>  </u>	

Debtor Joycare Therapy, LLC  
Name \_\_\_\_\_

Case number (if known) 22-33581-H3-11

### Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

#### List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

<b>2.16</b> State what the contract or lease is for and the nature of the debtor's interest _____  State the term remaining _____  List the contract number of any government contract _____	<u>Administration of retirement plan</u> <u>Contract to be ASSUMED</u> <u>0 months</u> <u>_____</u>	<u>Guideline Retire</u> <u>1645 E 6th St Ste 200</u> <u>Austin, TX 78702-3387</u> <u>_____</u>
<b>2.17</b> State what the contract or lease is for and the nature of the debtor's interest _____  State the term remaining _____  List the contract number of any government contract _____	<u>Medical billing</u> <u>Contract to be REJECTED</u> <u>0 months</u> <u>_____</u>	<u>Gage Medical Management Services</u> <u>Po Box 631571</u> <u>Nacogdoches, TX 75963-1571</u> <u>_____</u>
<b>2.18</b> State what the contract or lease is for and the nature of the debtor's interest _____  State the term remaining _____  List the contract number of any government contract _____	<u>Medical director</u> <u>0 months</u> <u>_____</u>	<u>Kathryn Espana</u> <u>3830 Sun Valley Dr</u> <u>Houston, TX 77025-4139</u> <u>_____</u>
<b>2.19</b> State what the contract or lease is for and the nature of the debtor's interest _____  State the term remaining _____  List the contract number of any government contract _____	<u>Payor agreement-ancillary services agreement</u> <u>Contract to be ASSUMED</u> <u>0 months</u> <u>_____</u>	<u>Texas Children's Hospital Health Plan, Inc.</u> <u>Ancillary Services</u> <u>PO Box 301011</u> <u>Houston, TX 77230</u> <u>_____</u>
<b>2.20</b> State what the contract or lease is for and the nature of the debtor's interest _____  State the term remaining _____  List the contract number of any government contract _____	<u>Ancillary Provider Participation Agreement</u> <u>Contract to be ASSUMED</u> <u>0 months</u> <u>_____</u>	<u>United Healthcare Community Plan of Texas, LLC</u> <u>14141 Southwest Fwy Ste 800</u> <u>Sugar Land, TX 77478-3494</u> <u>_____</u>

Debtor Joycare Therapy, LLC  
Name \_\_\_\_\_

Case number (*if known*) 22-33581-H3-11

### Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

#### List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

<b>2.21</b> State what the contract or lease is for and the nature of the debtor's interest _____  State the term remaining _____  List the contract number of any government contract _____	<u>Participating Provider Agreement</u> <u>Contract to be ASSUMED</u> <u>0 months</u> <u>_____</u>	<u>Superior Healthplan, Inc.</u> <u>7990 W Interstate 10 Ste 300</u> <u>San Antonio, TX 78230-4786</u> <u>_____</u>
<b>2.22</b> State what the contract or lease is for and the nature of the debtor's interest _____  State the term remaining _____  List the contract number of any government contract _____	<u>Provider Services Agreement</u> <u>Contract to be ASSUMED</u> <u>0 months</u> <u>_____</u>	<u>Molina Healthcare of Texas, Inc.</u> <u>5605 N MacArthur Blvd Ste 400</u> <u>Irving, TX 75038-2693</u> <u>_____</u>
<b>2.23</b> State what the contract or lease is for and the nature of the debtor's interest _____  State the term remaining _____  List the contract number of any government contract _____	<u>Ancillary Agreement</u> <u>Contract to be ASSUMED</u> <u>0 months</u> <u>_____</u>	<u>Community Health Choice, Inc</u> <u>2636 S Loop W Ste 125</u> <u>Houston, TX 77054-2696</u> <u>_____</u>
<b>2.24</b> State what the contract or lease is for and the nature of the debtor's interest _____  State the term remaining _____  List the contract number of any government contract _____	<u>Participating Provider Agreement</u> <u>Contract to be ASSUMED</u> <u>0 months</u> <u>_____</u>	<u>Amerigroup Texas, Inc.</u> <u>_____</u> <u>_____</u> <u>_____</u>

Fill in this information to identify the case:

Debtor name	<u>Joycare Therapy, LLC</u>		
United States Bankruptcy Court for the:	<u>Southern</u>	District of	<u>Texas</u>
Case number (If known):	<u>22-33581-H3-11</u>		

Check if this is an amended filing

## Official Form 206H

### Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1	<input type="text"/> Street <input type="text"/>	<input type="text"/>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<input type="text"/> City      State      ZIP Code		
2.2	<input type="text"/> Street <input type="text"/>	<input type="text"/>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<input type="text"/> City      State      ZIP Code		
2.3	<input type="text"/> Street <input type="text"/>	<input type="text"/>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<input type="text"/> City      State      ZIP Code		
2.4	<input type="text"/> Street <input type="text"/>	<input type="text"/>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<input type="text"/> City      State      ZIP Code		
2.5	<input type="text"/> Street <input type="text"/>	<input type="text"/>	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
	<input type="text"/> City      State      ZIP Code		

Debtor

Joycare Therapy, LLC

Name

Case number (if known) 22-33581-H3-11

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

*Column 1: Codebtor**Column 2: Creditor*

Name

Mailing address

Name

*Check all schedules  
that apply:*

2.6 \_\_\_\_\_ Street \_\_\_\_\_

D  
 E/F  
 G

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:  
Southern District of Texas

Case number (if known): 22-33581-H3-11 Chapter 11

Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

##### 1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

###### 1a. Real Property:

Copy line 88 from Schedule A/B.....

\$0.00

###### 1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$95,370.00

###### 1c. Total of all property:

Copy line 92 from Schedule A/B.....

\$95,370.00

#### Part 2: Summary of Liabilities

##### 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D.....

\$548,917.00

##### 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

###### 3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$0.00

###### 3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$2,381,405.00

##### 4. Total liabilities.....

Lines 2 + 3a + 3b

\$2,930,322.00

Fill in this information to identify the case:

Debtor name Joycare Therapy, LLC

United States Bankruptcy Court for the:  
Southern District of Texas

Case number (if known): 22-33581-H3-11

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2022</u> MM/ DD/ YYYY	Filing date <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$835,282.00
For prior year:	From <u>01/01/2021</u> MM/ DD/ YYYY	to <u>12/31/2021</u> MM/ DD/ YYYY <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$1,028,282.00
For the year before that:	From <u>01/01/2020</u> MM/ DD/ YYYY	to <u>12/31/2020</u> MM/ DD/ YYYY <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$859,499.00

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

		Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2022</u> MM/ DD/ YYYY	Filing date <u>Settlement of lawsuit</u>	\$61,500.00
For prior year:	From <u>01/01/2021</u> MM/ DD/ YYYY	to <u>12/31/2021</u> MM/ DD/ YYYY <u>Harris County Covid Grant</u>	\$50,000.00
For the year before that:	From <u>01/01/2020</u> MM/ DD/ YYYY	to <u>12/31/2020</u> MM/ DD/ YYYY	

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1.			<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
Creditor's name			
Street			

City                      State                      ZIP Code

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Cottichia Burke Creditor's name	10/21/2022	\$33,311.29	Reimbursement of expenses
5218 Prairie Terrace Ln Street	08/26/2022		
	08/16/2022		
Fulshear, TX 77441-2199 City                      State                      ZIP Code	08/10/2022		
<b>Relationship to debtor</b>	08/10/2022		
Owner manager	08/09/2022		
	08/08/2022		
	08/08/2022		
	08/01/2022		
	07/29/2022		
	07/26/2022		
	07/22/2022		
	07/13/2022		
	07/12/2022		
	07/11/2022		

07/08/202206/30/202206/27/202206/23/202206/17/202206/15/202206/13/202206/06/202206/02/202205/10/202205/10/202204/27/202204/27/202204/20/202204/11/202204/04/202203/22/202203/09/202202/22/202201/26/202201/26/202201/18/202201/13/202212/10/202112/07/202105/10/2022

4.2. David Franklin 01/27/2022 \$20,000.00 Loan repayment  
Creditor's name  
18030 Rancho St 01/26/2022  
Street

Encino, CA 91316-4213  
City State ZIP Code

**Relationship to debtor**

Owner

4.3. <u>Huan Le</u>	<u>06/10/2022</u>	<u>\$1,000.00</u>	<u>Reimbursement of expenses</u>
Creditor's name			
<u>3750 Childress St</u>			
Street			
<hr/>			
<u>Houston, TX 77005-1112</u>	City	State	ZIP Code
<b>Relationship to debtor</b>			
<hr/>			

#### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
<hr/>	<hr/>	<hr/>	<hr/>
Creditor's name			
<hr/>	<hr/>	<hr/>	<hr/>
Street			
<hr/>	<hr/>	<hr/>	<hr/>
City	State	ZIP Code	

#### 6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
<hr/>	<hr/>	<hr/>	<hr/>
Creditor's name			
<hr/>	<hr/>	<hr/>	<hr/>
Street	XXXX- — — —		
<hr/>	<hr/>	<hr/>	<hr/>
City	State	ZIP Code	

#### Part 3: Legal Actions or Assignments

#### 7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

7.1. <b>Case title</b>	<b>Nature of case</b>	<b>Court or agency's name and address</b>	<b>Status of case</b>
Joycare Therapy, LLC vs. Everhart Construction Services	Lawsuit for losses from construction	269th Judicial District Court of Harris County Name Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Case number</b>		City State ZIP Code	
2018-82322			

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

8.1. <b>Custodian's name and address</b>	<b>Description of the property</b>	<b>Value</b>
Custodian's name		
Street	Case title	Court name and address
City State ZIP Code	Case number	Street
	Date of order or assignment	City State ZIP Code

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

9.1. <b>Recipient's name and address</b>	<b>Description of the gifts or contributions</b>	<b>Dates given</b>	<b>Value</b>
Recipient's name			
Street			
City State ZIP Code			
<b>Recipient's relationship to debtor</b>			

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (*Schedule A/B: Assets – Real and Personal Property*).

**Date of loss****Value of property lost**

10.1. \_\_\_\_\_

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

11.1. Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
Baker & Associates	Fees and expenses	08/16/2022	\$5,000.00
Address 950 Echo Ln Ste 300 Street	Fees and expenses	08/17/2022	\$5,000.00
Houston, TX 77024-2824 City      State      ZIP Code			
Email or website address			
<b>Who made the payment, if not debtor?</b>			
Joycare Therapy, LLC			

11.2. Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
Baker & Associates	Legal services	08/04/2022	\$3,500.00
Address 950 Echo Lane Suite 300 Street			
Houston, TX 77024 City      State      ZIP Code			
Email or website address			
<b>Who made the payment, if not debtor?</b>			
Huan Le			

11.3. Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
<u>Baker &amp; Associates</u>	<u>Legal fees</u>	<u>10/25/2022</u>	<u>\$11,575.49</u>
<b>Address</b>			
950 Echo Lane Suite 300 Street			
Houston, TX 77024 City      State      ZIP Code			
<b>Email or website address</b>			
<b>Who made the payment, if not debtor?</b>			
<u>Huan Le</u>			
11.4. Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
<u>Baker &amp; Associates</u>	<u>Unpaid fees for prior case</u>	<u>11/14/2022</u>	<u>\$6,500.00</u>
<b>Address</b>			
950 Echo Lane Suite 300 Street			
Houston, TX 77024 City      State      ZIP Code			
<b>Email or website address</b>			
<b>Who made the payment, if not debtor?</b>			
<u>Joycare</u>			
11.5. Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
<u>Baker &amp; Associates</u>	<u>Prior legal fees - note</u>	<u>11/14/2022</u>	<u>\$5,075.49</u>
<b>Address</b>			
950 Echo Lane Suite 300 Street			
Houston, TX 77024 City      State      ZIP Code			
<b>Email or website address</b>			
<b>Who made the payment, if not debtor?</b>			
<u>Huan Le</u>			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.



12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

**13. Transfers not already listed on this statement**

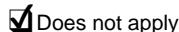
List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.



## Part 7: Previous Locations

#### **14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.



<b>Address</b>	<b>Dates of occupancy</b>
14.1. _____ Street _____ _____	From _____ To _____
City _____	State _____ ZIP Code _____

Joycare Therapy, LLC

Name

## Part 8: Health Care Bankruptcies

## 15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:  
 —diagnosing or treating injury, deformity, or disease, or  
 —providing any surgical, psychiatric, drug treatment, or obstetric care?

 No. Go to Part 9. Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Joycare Therapy, LLC Facility name 6440 Sands Point Dr Street Houston, TX 77074-3722 City State ZIP Code	Pediatric day care- PPECC  <b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider.  Same address - Debtor does not believe its operations qualify as a "healthcare business" since debtor does not provide surgical, drug treatment, psychiatric, or obstetric care.	0  <b>How are records kept?</b> Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

## Part 9: Personally Identifiable Information

## 16. Does the debtor collect and retain personally identifiable information of customers?

 No. Yes.

Patient medical records maintained with standard protocol with

State the nature of the information collected and retained. HIPAA requirements

Does the debtor have a privacy policy about that information?

 No Yes

## 17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?

 No. Go to Part 10. Yes. Does the debtor serve as plan administrator? No. Go to Part 10. Yes. Fill in below:

Name of plan	Employer identification number of the plan
	EIN: _____

Has the plan been terminated?  
 No  
 Yes

## Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

## 18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 Bank of Houston Name P. O. Box 8306 Street  Houston, TX 77288 City State ZIP Code	XXXX- <u>o</u> <u>s</u> <u>e</u> <u>d</u>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$0.00
<b>19. Safe deposit boxes</b> List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case. <input checked="" type="checkbox"/> None				
19.1 Depository institution name and address  Name  Street  Address  City State ZIP Code	Names of anyone with access to it	Description of the contents	Does debtor still have it?	
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
<b>20. Off-premises storage</b> List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business. <input type="checkbox"/> None				
20.1 Facility name and address  Storquest Economy Self Storage Name 6250 Westward St Street  Houston, TX 77081 City State ZIP Code	Names of anyone with access to it	Description of the contents	Does debtor still have it?	
		Old furniture and used items	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
<b>Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own</b>				
<b>21. Property held for another</b> List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property. <input checked="" type="checkbox"/> None				
Owner's name and address  Name  Street  City State ZIP Code	Location of the property	Description of the property	Value	

Name

## Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number	Name _____ Street _____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	City      State      ZIP Code	_____	_____

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Street _____	Name _____ Street _____	_____	_____
City      State      ZIP Code	City      State      ZIP Code	_____	_____

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____ Street _____	Name _____ Street _____	_____	_____
City      State      ZIP Code	City      State      ZIP Code	_____	_____

Part 13: Details About the Debtor's Business or Connections to Any Business

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <hr/> Name	<hr/>	EIN: <hr/>
<hr/> Street		<b>Dates business existed</b>
<hr/> City      State      ZIP Code		From <hr/> To <hr/>

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Dates of service
26a.1. <u>Diego Bello, CPA</u> <hr/> Name <hr/> 5302 La Branch St <hr/> Street	From <u>09/01/2020</u> To <u>10/1/2021</u>
<hr/> <hr/> Houston, TX 77004-6834 City      State      ZIP Code	
Name and address	Dates of service
26a.2. <u>Ashcraft, Jason</u> <hr/> Name <hr/> 1801 E Tahquitz Canyon Way <hr/> Street	From <u>07/15/2022</u> To <u>Current</u>
<hr/> <hr/> Palm Springs, CA 92262-7121 City      State      ZIP Code	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Dates of service
26b.1. <u>Diego Bello</u> <hr/> Name <hr/> 5302 La Branch St <hr/> Street	From <u>9/1/2020</u> To <u>10/1/2021</u>
<hr/> <hr/> Houston, TX 77004-6834 City      State      ZIP Code	

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Page 1

**Name and address**

If any books of account and records are unavailable, explain why

26c.1.

Cottichia Burke  
Name  
5218 Prairie Terrace Ln  
Street

Administrator responsible for books and records- records available

**Fulshear, TX 77441-2199**

If any books of account and records are unavailable, explain why

26c.2.

Huan Le  
Name  
3750 Childress St  
Street

Financial manager - records available

Houston, TX 77005-1112

If any books of account and records are unavailable, explain why

26c.3.

David Franklin  
Name  
18030 Rancho St  
Street

**Encino, CA 91316-4213**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.



**Name and address**

26d.1. JPMorgan Chase Bank  
Name  
Po Box 33035  
Street

Louisville, KY 40232-3035       City       State       ZIP Code

**Name and address**

26d.2. Small Business Admins.  
Name \_\_\_\_\_  
10737 Gateway West #320  
City \_\_\_\_\_

**El Paso, TX 79935**

Name and address

26d.3. Bank of Houston

Name

P. O. Box 8306

Street

Houston, TX 77288

City

State

ZIP Code

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

Name and address of the person who has possession of inventory records

27.1. \_\_\_\_\_

Name

Street

City

State

ZIP Code

**28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

Name	Address	Position and nature of any interest	% of interest, if any
Huan Le	3750 Childress St Houston, TX 77005-1112	Manager/Member, LLC Interest	24.00%
Cottichia Burke	5218 Prairie Terrace Ln Fulshear, TX 77441-2199	Administrator/member/manager, LLC	34.90%

**29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
David Franklin	18030 Rancho St Encino, CA 91316-4213	Manager member, LLC	February From 2017 To 08/16/2022
Micah Grossman	24142 Mirabella Way Richmond, TX 77406-4536	CEO, member	From 2019 To 2021

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. See question 3 and 4 above Name _____  Street _____  City _____ State _____ ZIP Code _____	_____	_____	_____
<b>Relationship to debtor</b> _____			
<p>31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify below.			
Name of the parent corporation _____		Employer Identification number of the parent corporation _____ EIN: _____	
<p>32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify below.			
Name of the pension fund _____		Employer Identification number of the pension fund _____ EIN: _____	
<b>Part 14: Signature and Declaration</b>			
<p><b>WARNING</b> -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p> <p>I have examined the information in this <i>Statement of Financial Affairs</i> and any attachments and have a reasonable belief that the information is true and correct.</p> <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on <u>12/02/2022</u> MM/ DD/ YYYY</p> <p><b>X</b> <u>/s/ Huan Le</u> Printed name <u>Huan Le</u> Signature of individual signing on behalf of the debtor</p> <p>Position or relationship to debtor <u>President</u></p> <p>Are additional pages to <i>Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy</i> (Official Form 207) attached?</p> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			